Page	
_	
및	
	_

 · · · · · · · · · · · · · · · · · · ·	_	_						- T-			, .	,		
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on I	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	ld have any reportable Yes	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes Yes	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	Report Annual (May 16, 2011) Amendment	Status Member of the U.S. State: 1		Name: TRANK GUMB		CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
income, tran st consulted v	on Ethics an ependent ch	. INFOR	□ N _S	No X	N _N	ĭ ₹	N _N)F THES		Officer or Employee		Daytime		ENT
nsactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	id certain other "excepted trusts" need not be discilla?	— ANSWER	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	E QUESTIONS	Termination Date:	or Employing Office:		Daytime Telephone: 202, 225. 547		Form A For use by Members, officers, and employees
child because Yes	closed. Have you Yes	EACH OF THESE QUES	must be answer ed for each "Yes	arrangement with Yes	or before the date Yes	d receive any n the reporting Yes)?	regating more Yes		against anyone who mes more than 30 days late.	A \$200 penalty shall be	U.S. HOUS (Office Use Only)	2011 MAY 19 PH 12: 16	TO SOUTH TO THE TOTAL	MAY 1
		QUESTIONS	ed and t		\succ				no illes m	hall be a	ise Only)	PH 12: 16		1 7 2011
×	×		the nse.	× S	□ S	×	×		ore man	assessed	-	5	<i>5.1</i>	

7
=
9
₹
ヹ
(P

Page 2 of 9

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below

exceeding \$1,000. See examples below. Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ts received under the Social Sec	curitv Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
CITY OF MANCHESTER, NH	SMARY	1000-
CATHOUR MEDICAL CENTRE	Spouse Sprany	NA
	/	•
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
		i

Name
Page Z_of_

SCHEDULE II -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

0			
Source	Activity	Date	Amount
-	Speech	Feb. 2, 2010	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2010	\$500
		TO A STATE OF THE	
			1000

Name

Page of 1

CITIZENS FANK	ST MARYS RANK	BELINETHER LADOIT VNIGO		1	ST MANCHESPEN, NH USINY	JT 1st Bank of Paducah, KY Accounts		SP Mega Corp. Stock	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	BLOCK A Asset and/or Income Source Identity (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retire-
42	*	>	>	7	*		Indefinite	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,0	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
7	~			7	×	X	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEDIBLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
*				24	X		X	×	None - \$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500 ≥ \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 ≤ \$50,001 - \$100,000 ≤ \$100,001 - \$1,000,000 × Over \$5,000,000 ×	Amount of Income Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
								S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

)																				Name												rayeu
7 §	Continuation Sneet (II needed)	7	ŀ			.	<u>:</u>	}	' 		-	1		٦	1		. I	غُ ا	{ .	,	- 11	Ш	Ш	┰║		₹	"	Ш		Ш	I	BI OCK F
	Asset and/or Income Source					≾.	ear	Year-End	₫ º								_	Type	Type			_	Amount of Income	₽.	at 8	<u> </u>	nc '	ĝ	ō			Transaction
					 		9	Value of Asset	SS	으							Q	of Incon	<u> </u>	me							l				 	
SP,		>	В	C	a	Е	П	Ð	I	_	ŗ	O K	7						T			=	=	₹	<	<u>.</u>	VII VIII	≡	×	×	×	σ,
Ŗ,)		00	000	0,000	00,000	000,00							TRUS											000		m ʻo
5)	5,000	50,000			\$500,0	\$1,000	- \$5,00	- \$25,0	1 – \$50	00,000		S			AINS)/BLINE	g., Incom					000			100,000			,000	
		ne	\$1,000	001 – \$ [.]	5,001 – 3),001 – 9	00,001	50,001 –	00,001 -	000,001	000,001	5,000,00	er \$50,0	NE	/IDEND	NT	FEREST	PITAL G	CEPTE	ner Type pecify: e. rtnership rm Incor	ne	- \$200	01 – \$1,0	001 - \$2	501 – \$5	001 – \$1	5,001 – \$	0,001 \$	00,001 –	000,001	er \$5,000	
		No	\$1	\$1	\$1			\$2	\$5	\$1	\$5	\$2	0	N	D	R	IN	C,	E	(S	N	\$		+	\$2	-		\$	-	1-	╀	
	WINAM FIRED INCOME		Γ		1										T		\top			LE WYEST		1_	~	1_		-	<u> </u>	\bot	<u> </u>	+	+	
	Clsca		Т	ノ	T											1	T			1		_	وإ	_	ļ.	_	ļ	_	1	+		
	OF WA		Ï	حإ^	-																		_ 2		_		_		_	_	\dashv	
	SUN WILLSUS DELS			,																1.1			<u> </u>									
	c low			≠.																17	F	ļ	<u> </u>	ļ	ļ	<u> </u>	ļ	ļ		-	-	
	They put Pening			-																	NA	Ľ	ļ	ļ	ļ	ļ	ļ	<u> </u>	ļ	_	<u> </u>	
	Ľ Ì			* ,		<u> </u>														==	E	L		_	Ļ	_	ļ	<u> </u>		1	┿	
			l	7																	롡.	<u> </u>	<u> </u>	ļ	<u> </u>	ļ	ļ		ļ	1	 	
	GOBLIN PRIME FON					~											Π			67	2	Γ	<u> </u>	ļ	ļ	_	ļ	ļ	<u> </u>	-	┿.	
	≾			×																=	5		<u> </u>	1	<u> </u>	 	<u> </u>	ļ	ļ	╀	 	
	DURERY				7															=	3	L	1	_	ļ	-	<u> </u>		-	-		
															1		-								\perp		\perp				-	
																			`													
																					ļ	_	ļ	<u> </u>	<u> </u>	<u> </u>	ļ		ļ		-	
																					ļ	_	ļ	<u> </u>	ļ	_	ļ	<u> </u>		ļ	+	
			T															Ī.,					ļ	_	ļ	1	_		<u> </u>	-	+	
			Ī																		<u> </u>	1_		ļ	ļ	_	<u> </u>	<u> </u>		 	1	
	2.44																					<u> </u>	ļ	<u> </u>	ļ	╄-			-	-	-	
Γ		T		ı																		L	<u> </u>	<u> </u>	ļ	<u> </u>	L.	L	\vdash	\vdash	┡	

SCHEDULE IV— TRANSACTIONS

Page_

SP, DC, Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III. resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that ates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. ş <u>,</u> Example: Mega Corporation Common Stock (partial sale) Asset of Transaction **PURCHASE** Type SALE **EXCHANGE** Check Box if Capital Gain Exceeded \$200 Quarterly, Monthly, or Bi-weekly, if (MO/DAY/YR) applicable 10-12-10 Date \$1,001-> \$15,000 \$15,001-W \$50,000 \$50,001-O Amount of Transaction \$100,000 \$100,001-0 \$250,000 \$250,001m \$500,000 \$500.001-TI \$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-I \$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000

This page may be copied if more space is required

SCHEDULE V— LIABILITIES

Name Page _____

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

\$15,000 \$15,001- \$50,000	\$15,001- \$50,000 \$50,001- \$100,000	\$15,001- \$50,000
\$15,001-	\$15,000. \$15,000. \$15,001. \$50,000. \$50,000.	\$15,000 \$15,000 \$15,000 \$50,000 \$50,000 \$190,600
The state of the s	\$100,000	\$100,600

SCHEDULE VI — GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

	,		_		
	-		Example:		
			Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description	
			\$345	Value	

Name	
10	
Pag	
Page 0	Ø
9	

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor

spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

Examples: Chicago Chamber of Commerce Roycroft Corporation Aug. 6-11 Date(s) Mar, 2 City of Departure—Destination— City of Return DC—Los Angeles—Cleveland DC—Chicago—DC Lodging? (Y/N) ≺| Z Food? (Y/N) z Was a Family Member Included? (Y/N) Z Number of days <u>not</u> at sponsor's expense 2 Days None

\Box
I
=
- 11
_
_
=
m
_
=
=
ı
•
Ū
×
Ö
Ŏ
Š
Ŏ
OSIT
OSITIO
OSIT
OSITIO
OSITIO
OSITION
OSITIONS

Name Page

organization, or any educational or other institution other than the United States proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

 	 				_
		RD DIRECTOR	30. Director	Position	
		SEE SCIENCE CENTER WANGHESTER, NH NOW PROFIT EMERIOUS	LIBERTY HUSE MANNIFESTED NATI NOW PROFIT	Name of Organization	

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an

_	 	 	 	
			Date	
			Parties To	
			Terms of Agreement	